

TrOOP Excluded Entity Procedure for Reporting of Part D Enrollee Cost-Sharing Waivers or Reductions

The CMS Part D Coordination of Benefits Guidance (http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/CobGuidance_07.01.05.pdf) addresses the waiver or reduction of Part D Enrollee cost-sharing. Waiver or reductions in cost-sharing are permitted provided that certain conditions are met. This guidance goes on to state that “payments made for beneficiary cost-sharing by any entity – including a 340B pharmacy – that has an obligation to pay for covered Part D drugs on behalf of Part D enrollees, or which voluntarily elects to use public funds for that purpose, will not count toward that beneficiary’s TrOOP expenditures.”

The CMS draft 2007 guidance indicates that the NCPDP 5.1 transaction set does not support a way for these TrOOP excluded entities to indicate a pharmacy’s waiver or reduction of any applicable beneficiary cost-sharing so that such subsidies are not applied to the beneficiary’s TrOOP balance. CMS recommends that plans set up manual processes with pharmacies in order to accurately maintain beneficiary TrOOP balances.

Therefore, Providers whose waivers or reductions in Part D Enrollee cost-sharing do not qualify as "incurred costs" under 42 CFR 423.100 and therefore do not count towards TrOOP, must notify Caremark when a Part D Enrollee cost-sharing is waived or reduced and by what amount. The attached “TrOOP Excluded Entity Patient Pay Amount Adjustment Form” is made available in order for pharmacies to comply with this reporting requirement. This form may be faxed to Caremark at the fax number indicated on the form.

If you have any questions, please contact Caremark Retail Services at 1-866-488-4708.



**TrOOP Excluded Entity
Patient Pay Amount Waiver or Reduction Reporting Form**

Date __/__/____

Fax To: 480-661-2856

Please ensure that all sections are completed

Pharmacy NCPDP / NPI #	
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Member ID #	
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Rx#		BIN #		Date of Fill	__/__/____
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TrOOP Adjustment Amount			
Adjudicated Patient Pay Amount	\$ ____.	Amount Pharmacy Charged Patient	\$ ____.

Comments

Initials of person submitting adjustment	
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